

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/030038**

FILING DATE  
**20 MAY 2002**

APPLICANT(S)

*Mueller*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10					/		60						
11						/	61						
12						/	62						
13						/	63						
14						/	64						
15						/	65						
16					/		66						
17						/	67						
18						/	68						
19						/	69						
20						/	70						
21					/		71						
22						/	72						
23						/	73						
24						/	74						
25						/	75						
26					/		76						
27						/	77						
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31							81						
32							82						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			/		4		TOTAL IND.						
TOTAL DEP.			6		17		TOTAL DEP.						
TOTAL CLAIMS			1		21		TOTAL CLAIMS						

BEST AVAILABLE COPY